

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: UTILITY

Subject Matter::

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

**Computer Readable Form
(CFR)?::**

Number of Copies of CFR::

Title:: ELECTRICAL FITTING AND SYSTEM FOR
INSTALLATION OF ELECTRICAL BOXES IN
POURED CONCRETE

Attorney Docket Number:: 41020-201822

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Latin Name::

Variety Denomination Name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

Applicant Information

| | |
|--|------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship:: | United States |
| Country:: | United States |
| Status:: | Full Capacity |
| Given Name:: | Gary |
| Middle Name:: | Sing Choy |
| Family Name:: | YIP, Jr. |
| Name Suffix:: | |
| City of Residence:: | Maui |
| State or Province of Residence:: | Hawaii |
| Country of Residence:: | United States |
| Street of Mailing Address:: | 572-A Kunu Place |
| City of Mailing Address:: | Maui |
| State or Province of Mailing Address:: | Hawaii |
| Country of Mailing Address:: | United States |
| Postal or Zip Code of Mailing Address:: | 96732 |

Correspondence Information

| | |
|---|----------------|
| Correspondence Customer Number:: | 26694 |
| Phone Number:: | (202) 344-4000 |
| Fax Number:: | (202) 344-8300 |
| E-Mail Address:: | |

Representative Information

| | |
|---|-------|
| Representative Customer Number:: | 26694 |
|---|-------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| | Provisional of | 60/462,686 | April 15, 2003 |
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Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
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Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

#529910